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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.			01-129
First In	ventor	Wils	son
Tillo	RAIL PF	RESSI	JRE SAMPLING BEFORE FUEL INJECTION EVENTS

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Express Mail Label No. EL 894317105US

APPLICATION ELEMENTS					Assistant Commissioner for Patents ADDRESS TO: Box Patent Application					
See MPEP ch	apter 600 concerni	ation contents.	Washington, DC 20231							
1. Ap 2. Ap Se 3. Sp (pp - D - C - S - F 0 - E	pee Transmittal Fount an original and a oplicant claims an oplicant claims are a 7 CFR 1.27. Describing the arrangeme descriptive title of the cross Reference to statement Regarding Reference to sequent a computer programment of the library and the libra	7) sing) Pages	8. Nucle (if ap a. b. Spe i. ii. [Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a.						
- E	Detailed Description Claim(s) Abstract of the Disc	ı		11. 🗆	37 C.F.R.§3 (when there English Tra	is an	assignee)			
4. Dr 5. Oath or D	rawing(s) (<i>35 U.S</i>	C.C.113) [Total	Sheets 4]	12.	Information Statement (Disclo	sure	Copies of IDS Citations		
		(original or copy)	ayes [z]	13. 🔲	Preliminary	Amen	dment			
	•	r application (37 Cl	FR 1.63 (d))	14. 🛛	Return Rece					
		on/divisional with Be		15. 🔲	(Should be Certified Co					
i. 🗀	DELETION O	F INVENTOR(S)			(if foreign priority is claimed)					
	Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1 63(d)(2) and 1.33(b).					16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
or in an App Conti Prior app For CONTIN	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1 76: Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.									
The incorpo	The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS									
☐ Customer Number or Bar Code Label (Însert Customer No. or Attach bar code label here) or ☑ Correspondence address below										
	Michael B. McNeil									
Name	Liell & McNeil									
Address	P.O. Box 2417									
City	Bloomington State					Zip C	ode	47402		
Country	USA	812-333-5355 Fax 812-333-3173				812-333-3173				
Name (Print/Type) Michael B. McNeil			Registrati	Registration No. (Attorney/Agent)			35,949			
Signature	Signature MB 325			Date			Date	12-11-01		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

780

TOTAL AMOUNT OF PAYMENT

	Complete if Known	
Application Number		
Filing Date		
First Named Inventor	Wilson	
Examiner Name		
Group / Art Unit		
Attorney Docket No.	01-129	

1.	METHOD OF PAYMENT (check one)							FEE CALCULATION (continued)				
Deposit Account Number Source	The Commissioner is hereby authorized to charge						3. ADDITIONAL FEES					
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Under 37 CFR 1.18 and 1.17							147	2,520	147	•	T	
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2.		Applicant of See 37 CF	claims small en R 1.27				113	1,840*	113	1,840*		
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Name (Pnnt/Type) Michael B. McNeil Registration No. Attomey/Agent) 35,949 Telephone 812-333-5355 Signature Date 12-11-01	SUBMITTED BY					ilplete (il applicable)
Signature MJM Date 12-11-01	Name (Print/Type)	Michael B. McNeil	Registration No. Attorney/Agent)	35,949	Telephone	812-333-5355
	Signature	M/32	ns		Date	12-11-01